Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Friends of Mike Lee Inc PO Box 1537 ADDRESS (number and street) (Check if address is changed) Salt Lake City 84110 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) LeeforSenate.com (Check if address is changed) DATE 21 2023 C00473827 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 04 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Lee, Mike, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State UT  District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	<b>;</b> ).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	
	C	

I	FEC Form 1	(Revised 02/2009)	Page <b>3</b>
٧	Vrite or Type Commi	ittee Name	
	Friends o	of Mike Lee Inc	
6.	-	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	Freedomworl	KS PAC	
	Mailing Address	PO Box 75760	
	Walling Address		
		Washington I DC I 2001	3-0760
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Reco	<b>ords:</b> Identify by name, address (phone number optional) and position of the person in posses.	ession of committee
		Datwyler, Thomas, , ,	
	Full Name		
	Mailing Address	PO Box 183	
		Hudson   WI   5401	6-0183
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Recor	rds Telephone number 715 -	338 - 8544
8.		e name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	name and address of
	Full Name	Datwyler, Thomas, , ,	
	of Treasurer		
	Mailing Address	PO Box 183	
		Hudson   WI   5401	6-0183
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		3352 _
	Treasurer		338 - 8544

F	C Form 1 (Revised 02/2009)	Page <b>4</b>
Full N Desig Agen	me of ated	
Mailir	Address	
	CITY ▲	STATE ▲ ZIP CODE ▲
Title	Position ▼	
		elephone number
	or Other Depositories: List all banks or other depositories in which the deposit boxes or maintains funds.	the committee deposits funds, holds accounts, rents
Name	of Bank, Depository, etc.	
	Chain Bridge Bank	
Mailin	Address 1445A Laughlin Avenue	
	McLean	VA 22101
	CITY ▲	STATE ▲ ZIP CODE ▲
Name	of Bank, Depository, etc.	
	Zions Bank	
Mailin	Address 1 South Main St	
	#18 	
	Salt Lake City	UT 84101
	CITY ▲	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

or(h). <b>Joint Fundraisin</b>	g Participant:		
, , , , , , , , , , , , , , , , , , , ,		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		 ∣ FEC ID number	C
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint I	Fundraising Representativ	re, or Leadership PAC Sponsor
Mike Lee Victory I	Fund		
Mailing Address	PO Box 183		
	Hudson	wi	54016-0183
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Sponsor
Full Name	by name, address (phone number – option	ai)	
Mailing Address			
			1
TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.  Mailing Address	Bank  2200 Wilson Blvd, Suite 100		
	Arlington	L VA	22201
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraising	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 13026		
	AUSTIN	NC NC	78711
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Solution Joint	Fundraising Representa	tive Leadership PAC Spons
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			
	1		
	CITY	STATE A	ZIR CODE A
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	<b>V</b>		ZIP CODE A
	Tel	STATE ▲ ephone Number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t intains funds.	STATE ▲ ephone Number	
Banks or Other Depositor safety deposit boxes or ma	Tel	STATE ▲ ephone Number	
Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t intains funds.	STATE ▲ ephone Number	
Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t intains funds.	STATE ▲ ephone Number	

FEC Form 1S (Revised 02/2017)

r(h). <b>Joint Fundraisin</b>	g Participant:			
1			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
Name of Any Connected Red Victory 2022	Organization, Affiliated Co	mmittee, Joint Fundr	aising Representativ	re, or Leadership PAC Sponso
Line I I I I I I I I I I I I I I I I I I I				
Mailing Address	PO Box 183			
	Hudson		, , Wi ,	, 54016
Dolotionobing		TV .		
Relationship:	С	TY A	STATE ▲ Fundraising Represent	
Decignated Agents Identifi	by name, address (phone	number entional)		
Designated Agent: Identify  Full Name	by name, address (phone	number – optional)		
	by name, address (phone	number – optional)		
Full Name	by name, address (phone	number – optional)		
Full Name	CIT	number – optional)	STATE A	ZIP CODE A
Full Name	CIT	Y <b>A</b>		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CIT  ies: List all banks or other intains funds.	Y <b>A</b>	STATE ▲	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail boxes or mail boxes.  Name of Bank, Depository, etc.	CIT  ies: List all banks or other intains funds.  Bank	Y <b>A</b>	STATE ▲	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Gimenez Lee Vio	d Organization, Affiliated Committee, Joint Fundatory	draising Representative	e, or Leadership PAC Spon
Official Lee Vic	.tory		
Mailing Address	PO Box 183		
Mailing Address			
	Hudson	, WI	54016
Deletienskin			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC S
	Affiliated Committee  Joint Jo	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID nur	nber C	
2.		FEC ID nur	nber C	
3.		FEC ID nur	mber C	
4.		FEC ID nur	nber C	
	Organization, Affiliated Committee, J. CLASSIC COMMITTEE	oint Fundraising Represe	ntative, or Le	adership PAC Spor
Mailing Address	228 S. WASHINGTON STREET			
	SUITE 115			
	ALEXANDRIA		VA   22	314
Relationship:	CITY ▲	STA	TE A	ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraising Rep	resentative	Leadership PAC S
			resentative	Leadership PAC S
esignated Agent: Identify			resentative	Leadership PAC S
esignated Agent: Identify			resentative	Leadership PAC S
esignated Agent: Identify		optional)		Leadership PAC S
esignated Agent: Identify	by name, address (phone number – c	optional)		
esignated Agent: Identify  Full Name	by name, address (phone number – c	optional)		
Full Name	ries: List all banks or other depositories	optional)  STAT  Telephone Number	E A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories	optional)  STAT  Telephone Number	E A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories	optional)  STAT  Telephone Number	E A	ZIP CODE A
Full Name	ries: List all banks or other depositories	optional)  STAT  Telephone Number	E A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION	l ▼  pries: List all bar	CITY   city   nks or other depositories in	Telephone N		zip code 🛦
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.	l ▼  pries: List all bar	CITY A	Telephone N	umber	
TITLE OR POSITION  anks or Other Deposite defety deposit boxes or management of Bank,	l ▼  pries: List all bar	CITY A	Telephone N	umber	
TITLE OR POSITION	l ▼  pries: List all bar	CITY A	Telephone N	umber	
TITLE OR POSITION	I ▼	CITY A	Telephone N	umber	
					ZIP CODE ▲
				STATE A	ZIP CODE ▲
Mailing Address					
Walling Address			1		
Maining Address					
Mailing Address					
Full Name					
esignated Agent: Identif	fy by name, addr	ess (phone number – optic	onal)		
Connecte	ed Organization	Affiliated Committee	X Joint Fundraising	g Representa	ative Leadership PAC Sp
Relationship:		CITY 🛦		STATE A	ZIP CODE ▲
	Hudson			WI	54016
Mailing Address	PO Box 183				
Winning Red Cor					
		Affiliated Committee, Join	t Fundraising Rep	oresentativo	e, or Leadership PAC Spons
	(				
4.			ــــا ب ا FEC II	number	С
J				number	C
3.			,   FEC II	) number	
1				number	C

FEC Form 1S (Revised 02/2017) for Lines 5(g) or

1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	C
4.			FEC ID	number	С
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lame of Any Connected	Organization, Affi	liated Committee, Joint F	undraising Repr	esentative	e, or Leadership PAC Spons
TAKE BACK THE	SENATE		1 1 1 1 1 1	1 1 1	
	DO DOV 2004				
Mailing Address	PO BOX 9891				
			1	VA	22219
	ARLINGTON				
	d Organization		Joint Fundraising	STATE A	ZIP CODE ▲ ative Leadership PAC Sp
Connected	d Organization		Joint Fundraising		
Connecter connec	d Organization	Affiliated Committee X	Joint Fundraising		
esignated Agent: Identif	d Organization	Affiliated Committee X	Joint Fundraising		
esignated Agent: Identif	d Organization  y by name, addres	Affiliated Committee x s (phone number – options	Joint Fundraising		ative Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	d Organization  y by name, addres	Affiliated Committee x s (phone number – optional	Joint Fundraising	Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization  y by name, addres	Affiliated Committee x s (phone number – options	Joint Fundraising	Representa	ative Leadership PAC Sp

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.	or (h). <b>Joint Fundrais</b>	ing Participant:		
TITLE OR POSITION ▼  FEC ID number C  F	1.		FEC ID number	С
Alliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TEAM MCCONNELL  Mailing Address  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA  Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization Affiliated Committee  Joint Fundraising Representative Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲ STATE ▲ ZIP CODE ▲  ZIP CODE ▲  ZIP CODE ▲  ZIP CODE ▲	2.		FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TEAM MCCONNELL  Mailing Address  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization Affiliated Committee   Joint Fundraising Representative Leadership PAC Sponse  Designated Agent: Identify by name, address (phone number – optional)  Full Name   Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  ZIP CODE ▲	3.		FEC ID number	С
TEAM MCCONNELL  Mailing Address  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲	4		FEC ID number	С
TEAM MCCONNELL  Mailing Address  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲				
Mailing Address  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲		_	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address  SUITE 115  ALEXANDRIA  Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲	TEAM MCCONN	<b>\ELL</b> 		
Mailing Address  SUITE 115  ALEXANDRIA  Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲				
SUITE 115  ALEXANDRIA  VA  22314  Connected Organization  Affiliated Committee  ✓ Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲  ZIP CODE ▲  ZIP CODE ▲		228 S. WASHINGTON STREET		
ALEXANDRIA  Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲	Mailing Address			
Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲			.,,	00044
Connected Organization				
Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲			Tundraising Hepresent	alive Leadership FAO Sporis
TITLE OR POSITION ▼	Designated Agent: Ident		undraising riepresent	Leadership FAO Sporish
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TITLE OR POSITION ▼	Designated Agent: Ident		I unidialsing hepresent	Leadership TAO Sporish
Telephone Number	Designated Agent: Ident	ify by name, address (phone number – optional)		
	Designated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)		
	Designated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)  Line (phone number – optional)  CITY ▲	STATE A	
	Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY ▲  Telestories: List all banks or other depositories in which t	STATE A	ZIP CODE A
	Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or necessity.	ify by name, address (phone number – optional)  CITY ▲  Telestories: List all banks or other depositories in which t	STATE A	ZIP CODE A
Name of Bank, Depository, etc.	Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not not be safety.	ify by name, address (phone number – optional)  CITY ▲  Telestories: List all banks or other depositories in which t	STATE A	ZIP CODE A
Name of Bank,	Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not not be safety deposit boxes.  Name of Bank, Depository, etc.	ify by name, address (phone number – optional)  CITY ▲  Telestories: List all banks or other depositories in which t	STATE A	ZIP CODE A
Name of Bank, Depository, etc.	Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not not be safety deposit boxes.  Name of Bank, Depository, etc.	ify by name, address (phone number – optional)  CITY ▲  Telestories: List all banks or other depositories in which t	STATE A	ZIP CODE A
Name of Bank, Depository, etc.	Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not not be safety deposit boxes.  Name of Bank, Depository, etc.	ify by name, address (phone number – optional)  CITY ▲  Telestories: List all banks or other depositories in which t	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponsor
	S VICTORY 2022		
Mailing Address	PO BOX 26141		
	L ALEXANDRIA	ı vAı	
Relationship:	CITY A	STATE A	ZIP CODE ▲
		oint Fundraising Represent	Leadership PAC Spons
Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spons
Designated Agent: Identif			Leadership PAC Spons
Designated Agent: Identif			Leadership PAC Spons
Designated Agent: Identification  Full Name  Mailing Address	by name, address (phone number – optional)		Leadership PAC Spons
Designated Agent: Identif	by name, address (phone number – optional)		
Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin		:	
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
ame of Any Connected 2022 Senators Cla	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
2022 Senators Cia			
Mailing Address	228 S. Washington Street		
J	Suite 115		
	Alexandria	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected		t Fundraising Represent	ative Leadership PAC S
Connected	Affiliated Committee	t Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify		t Fundraising Represent	Leadership PAC S
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esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)	t Fundraising Represent	
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor	r by name, address (phone number – optional)  CITY   Terries: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraising</b>					EC ID numbe	er C	
1.				_		_=	
2.				_	EC ID numbe		
3.				F	EC ID numbe	er C	
4.				F	EC ID numbe	er C	
ame of Any Connected	_	liated Commit	ttee, Joint F	undraisir	g Representa	tive, or	Leadership PAC Spo
2022 Founders Co	ommittee						
Mailing Address	1305 W 11th Str	eet					
	#213						
	Houston				TX	J	77008
Relationship:		CITY A	\		STATE	<b>A</b>	ZIP CODE ▲
	Organization	Affiliated Com	mittee <b>x</b>	Joint Fund	draising Repres	entative	Leadership PAC
		Affiliated Com			draising Repres	entative	Leadership PAC
Connected esignated Agent: Identify Full Name		Affiliated Com			draising Repres	entative	Leadership PAC
Connected esignated Agent: Identify		Affiliated Com			draising Repres	entative	Leadership PAC
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Comi	per – optiona	al)			
esignated Agent: Identify  Full Name  Mailing Address	by name, address	Affiliated Com	per – optiona	al)			Leadership PAC
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Comi	per – optiona	al)			
esignated Agent: Identify  Full Name  Mailing Address	by name, address	Affiliated Comi	per – optiona	Teleph	STATE A		ZIP CODE A
Esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Enks or Other Depositor fety deposit boxes or main arme of Bank,	by name, address	Affiliated Comi	per – optiona	Teleph	STATE A		ZIP CODE A
Esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address	Affiliated Comi	per – optiona	Teleph	STATE A		ZIP CODE A

FEC Form 1S (Revised 02/2017) fo

h). <b>Joint Fundrais</b> i	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
CRUZ 25 FOR 2	2 VICTORY FUND		
Mailing Address	P.O. BOX 341027		
<b>3</b>			
	AUSTIN	TX	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint  fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
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FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraising</b>			1	EEC ID	number		
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ame of Any Connected C	rganization, Affilia	ted Committee,	Joint Fundra	aising Rep	resentative	e, or Leade	rship PAC Spor
NORPAC							
Mailing Address	PO BOX 1543						
	ENGLEWOOD CLI	IFFS		, , I	NJ	07632	-  _
Relationship:		CITY A			STATE A		ZIP CODE ▲
	Organization A	ffiliated Committe	e <b>X</b> Joint	Fundraising	Representa	ative L	eadership PAC S
Connected esignated Agent: Identify				Fundraising	Representa	ative L	eadership PAC S
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Connected esignated Agent: Identify Full Name	by name, address (	phone number -	- optional)		Representa		
esignated Agent: Identify  Full Name  Mailing Address	by name, address (	phone number -	- optional)		STATE A		
esignated Agent: Identify  Full Name  Mailing Address	by name, address (	phone number -	- optional)	elephone Nu	STATE A		ZIP CODE A
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Esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Tanks or Other Depositorion of the property of the propository of the propository, etc.	by name, address (	phone number -	- optional)	elephone Nu	STATE A		ZIP CODE A